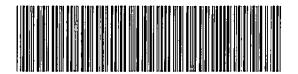
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JAN 16 S. PRATHER

COVER LETTER

	gistration Serision of Corp			
SUBJECT:	TITAN INT	ERNATIONAL USA LLC		
		Name of Limi	ted Liability Company	
The enclosed	d Anicles of .	Amendment and fec(s) are sub-	nitted for filing.	
Please return	ı all correspo	ndence concerning this matter	to the following:	
		AGHARA, VIVEKKUMA	R	
			Name of Person	
		TITAN INTERNATIONA	L USA LLC	
Firm/Company				
		11793 W ATLANTIC BLV	/D#26	
			Address	
		CORAL SPRINGS, FL 330	170	
City/State and Zip Code				
accounts@patronserviceusa.com E-mail address: (to be used for future annual report notification)				fication)
For further i	nformation co	oncerning this matter, please ca	·	
KASHMIRA PATEL			954 643-8922 st ()	
	Name of	`Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITAN INTERNATIONAL USA	LLC		:
(Name of the Limi	ited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	<u></u>
The Articles of Organization for this Limited L Florida document number L24000286530		vere filed on 06/25/2024 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
			_
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre	K*	ldress on our records, <u>enter the name of the new reg</u> i	stered
Name of New Registered Agent:	THE VP MIAMI	LLC	
New Registered Office Address:	150 SE 2ND AV	E. SUITE 404	
-		Enter Florida str eet address	
	\$45 A \$41	22121	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	THE VP MIAMI LLC	150 SE 2ND AVE SUITE 404	□ Add
		MIAMI. FL 33131	■Remove
			☐ Change
MGR	AGHARA, VIVEKKUMAR	11793 W ATLANTIC BLVD#26	≣ Add
		CORAL SPRINGS, FL 33071	□Remove
			□Change
			□Add
			□Remove
			Change
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ective date, if ot	her than the date	of filing: 06/20/	2024		(optional)	
effective date is list	ted, the date must be sp	pecific and cannot be			days after filing.) P	
	erted in this block d date on the Departi			ry ming requiren	ients, this date wi	ii not be liste
	•					
	clayed effective date	e, hut not an effect	tive time, at 12:0	La.m. on the earl	ier of: (b) The 9	Oth day after
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Filing Fee: \$25.00